

Civil Action No. 1:25-cv-00081-RP

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Jaime Esparza, US Attorney for the WD of Texas
 was received by me on *(date)* February 26, 2025 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

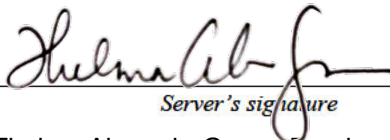
☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: I served the summons on Jaime Esparza, US Attorney, the United States Attorney's
 Office, Attn: Civil Process Clerk, 601 NW Loop 410, Ste. 600, San Antonio, TX 78216
 via CMRRR (sent on 02/27/2025 and received on 03/03/2025).

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 03/06/2025



Server's signature

Thelma Alvarado-Garza, Paralegal

Printed name and title

1114 Lost Creek Blvd., Ste. 410
 Austin, Texas 78746

Server's address

Additional information regarding attempted service, etc:

Print

Save As...

Reset

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TAME ESPARZA
 US Attorney for the Western District of Texas
 U.S. Attorney's Office
 Attn: Civil Process Clerk
 601 NW Loop 410, Ste 600
 San Antonio, TX 78216



9590 9402 8665 3244 5917 42

2. Article Number (Transfer from service label)

9589 0710 5270 0988 8560 54

Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

Monica Funes

C. Date of Delivery

3/3/25

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

TAG - Vichensont

Domestic Return Receipt